

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011953

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210

Primary Registration District No. _____

Registrar's No. 21

STATE FILE NUMBER

FILED MAR 21 1962

1. PLACE OF DEATH

a. COUNTY Mercerb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN PrincetonLength of stay in 1b
3 mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Community HospitalInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Mercerc. CITY
OR
TOWN Princeton,Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS rural (If outside, give location)Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
OLIS

Middle

Last
ADKINS4. DATE
OF
DEATHMonth
March

Day

11, 1962 Year

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
5/6/18929. AGE (last birthday)
69IF UNDER 1 YEAR IF UNDER 24 HR
Months 10 Days 5 Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Grain & Stock11. BIRTHPLACE (City and state or country)
Harrison County Mo.12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Jerry Adkins

13b. MOTHER'S MAIDEN NAME

Celia Ann Booth

14. NAME OF HUSBAND OR WIFE

Alta A. Adkins (deceased)15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no 494-40-7719A

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Wm. F. Campbell, Princeton, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) Hypostatic pneumoniaINTERVAL BETWEEN
ONSET AND DEATH
3 daysConditions, if any,
which gave rise to
above cause (b),
stating the under-
lying cause last.DUE TO (b) Chronic brain disease3 monthsDUE TO (c) Cerebral arteriosclerosisunknownPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
Uremia due to prostate hyperthrophyPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 5, 1961 to March 11, 1962 and last saw him alive on March 10, 1962
Death occurred at 2:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

3/12/6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

March 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Princeton Cemetery

23d. LOCATION (City, town, or county)

Princeton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Martin & Azbell Funeral Home, Princeton,

25. DATE RECD. BY LOCAL REG.

3-12-62

26. REGISTRAR'S SIGNATURE

Howe Mann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/591 06-502 06-503 14 05 26 07 08 09 334X10 011 012 2-013 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Abel

Licensed Embalmer No. 5020

P. O. Address Princeton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.